

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 04-183366	FILING DATE 02/14/01				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
1	1				1		51				
2	1						52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14	1						64				
15							65				
16							66				
17	1						67				
18	1						68				
19	1						69				
20	1						70				
21	1						71				
22	1						72				
23	1						73				
24	1						74				
25	1						75				
26	1						76				
27	1						77				
28	1						78				
29	1						79				
30	1						80				
31	1						81				
32	1						82				
33	1						83				
34	1						84				
35	1						85				
36	1						86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	31	1	1	1	1	1	TOTAL DEP.	1	1	1	
TOTAL CLAIMS	35						TOTAL CLAIMS				